



TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Complete if Known

Application Number	10/660,785
Filing Date	September 12, 2003
First Named Inventor	Moeckel et al.
Examiner Name	Not Yet Assigned
Group Art Unit	Not Yet Assigned

Total Number of Pages in This Submission	3	Attorney Docket Number	2924-216
--	---	------------------------	----------

ENCLOSURES (check all that apply)

- | | | |
|--|---|--|
| <input type="checkbox"/> Fee Transmittal Form | <input type="checkbox"/> Assignment Papers | <input type="checkbox"/> After Allowance Communication to Group |
| <input type="checkbox"/> Fee Attached | <input type="checkbox"/> Drawing(s) | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences |
| <input type="checkbox"/> Request for Reconsideration | <input type="checkbox"/> Licensing-related Papers | <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final | <input type="checkbox"/> Petition | <input type="checkbox"/> Proprietary Information |
| <input type="checkbox"/> Declaration under Rule 312 | <input type="checkbox"/> Petition to Convert to a Provisional Application | <input type="checkbox"/> Status Letter |
| <input type="checkbox"/> Extension of Time Request | <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): |
| <input type="checkbox"/> Express Abandonment Request | <input type="checkbox"/> Terminal Disclaimer | Second Substitute Application Data Sheet |
| <input type="checkbox"/> Information Disclosure Statement | <input type="checkbox"/> Request for Refund | |
| <input type="checkbox"/> Certified Copy of Priority Document(s) | <input type="checkbox"/> CD, Number of CD(s) | |
| <input type="checkbox"/> Response to Missing Parts/ Incomplete Application | | |
| <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | | |

REMARKS:

SUBMITTED BY		Complete (if applicable)			
NAME AND REG. NUMBER	Joyce von Natzmer, Reg. No. 48,120				
SIGNATURE		DATE	1/8/04	DEPOSIT ACCOUNT USER ID 02-2135	



SECOND SUBSTITUTE APPLICATION DATA SHEET

Inventor Information

Inventor One Given Name::
Family Name::
Name Suffix::
Postal Address Line One::
Postal Address Line Two::
City::
State or Province::
Country::
Postal or Zip Code
Citizenship Country::

Inventor Two Given Name::
Family Name::
Name Suffix::
Postal Address Line One::
Postal Address Line Two::
City::
State or Province::
Country::
Postal or Zip Code
Citizenship Country::

Inventor Three Given Name::
Family Name::
Name Suffix::
Postal Address Line One::
Postal Address Line Two::
City::
State or Province::
Country::
Postal or Zip Code
Citizenship Country::

Correspondence Information

Correspondence Customer Number:: 6449

Application Information

Title Line One::
Title Line Two::
Total Drawing Sheets::
Formal Drawings?::
Application Type::
Docket Number:: **2924-216**

Secrecy Order in Parent Appl?::

Representative Information

Representative Customer Number:: 6449

Continuity Information

This application is a::

>Application One::

Filing Date::

Patent Number::

which is a::

>>Application Two::

Filing Date::

Patent Number::

>>Which is a::

Application Three::

Filing Date::

Patent Number::

Prior Foreign Applications

Foreign Application One::

Filing Date::

Country::

Priority Claimed::

Assignment Information

Assignee name:: ROCHE DIAGNOSTICS GmbH

Street of mailing address:: Sandhofer Strasse 116

City of mailing address:: Mannheim

State or Province of
mailing address::

Country of mailing address:: GERMANY

Postal or Zip Code of

mailing address:: D-68305